

## PCT

FEE CALCULATION SHEET  
Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's  
file reference

Applicant

CELSO MARTINEZ JUNIOR

## CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE . . . . . 236,00 T

2. SEARCH FEE . DEM. 550,00 X 0,661948 . . . . . 364,07 S

International search to be carried out by EPO

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

## 3. INTERNATIONAL FEE

## Basic Fee

The international application contains 11 sheets.

first 30 sheets CHF 650,00 x 0,788392 = 512,46 b<sub>1</sub>remaining sheets x additional amount = b<sub>2</sub>Add amounts entered at b<sub>1</sub> and b<sub>2</sub> and enter total at B . . . . . 512,46 B

## Designation Fees

The international application contains 04 designations.

04 x CHF 150,00 x = 473,04 D

number of designation fees payable (maximum 11) x amount of designation fee x 0,788392

Add amounts entered at B and D and enter total at I . . . . . 246,38 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT . . . . . 75,00 P

## 5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box . . . . . BRR 921,45  
TOTAL☐ The designation fees are not paid at this time.

## MODE OF PAYMENT

☐ authorization to charge  
deposit account (see below)☐ cheque☐ postal money order☐ bank draft☒ cash☐ revenue stamps☐ coupons☐ other (specify):

## DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ ☐ is hereby authorized to charge the total fees indicated above to my deposit account.☐ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account Number

Date (day/month/year)

Signature

**Request for reduction of the EPO fees for the international search and preliminary examination in favour of nationals of developing countries**

(Decision of the Administrative Council of the European Patent Organisation of 9 December 1983 as amended on 8 June 1984, OJ EPO 1984, 3, 297)

Addressee <sup>a)</sup>

INSTITUTO NACIONAL DA PROPRIEDADE INDUSTRIAL  
PRAÇA MAUÁ, 7  
10º ANDAR  
20083-900 RIO DE JANEIRO - RJ  
BRAZIL - SOUTH AMERICA

Applicant's or agent's file reference  
(indicated by applicant if desired)

**I. Identification of the international application**

International application no. <sup>b)</sup>

International filing date <sup>b)</sup>

Priority date <sup>b)</sup>

29/07/1997

Title of invention

A ROOF WATERPROOFING SYSTEM CONSISTING OF AN ORGANIC RESIN PROTECTED BY AN ALUMINUM-COPOLYMER COMPOSITE FOIL

**II. Request**

The applicant(s) identified below (Box IV) herewith request(s) a reduction by 75 % of the

☒ EPO international search fee

☐ EPO preliminary examination fee

in accordance with the Decision of the Administrative Council of the European Patent Organisation of 9 December 1983 as amended on 8 June 1984 relating to the international application identified above.

**III. Declaration <sup>c)</sup>**

☒ The applicant(s) identified below (Box IV) affirm(s) the truth of the statement of nationality, residence and/or principal place of business. Furthermore the applicant(s) affirm(s) that natural or legal persons who are not nationals of a developing country or who have their residence or principal place of business outside the developing countries have neither a direct nor indirect holding or interest.

**IV. Applicant**Additional applicants are indicated on supplemental sheet ☐

Name

**CELSO MARTINEZ JUNIOR**

Address (including postal code and country)

**AVENIDA DR. CARLOS BOTELHO, 3020  
13560-251 - SÃO CARLOS - SP.  
BRAZIL - SOUTH AMERICA**

Nationality (country)

**BRAZIL**

Residence or principal place of business (country)

**BRAZIL**

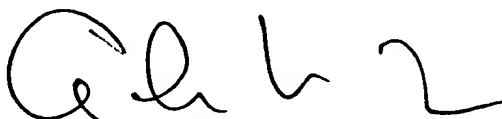
Telephone number (if any)

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Fax number (if any)

**+55 16 271-3061**

Telex number (if any)

**V. Signature of applicants <sup>d)</sup>****CELSO MARTINEZ JUNIOR****The following boxes are for the use of the receiving Office and European Patent Office respectively****The \_\_\_\_\_ (specify)  
acting as receiving Office**

- ☐ accedes to the request for a reduction of the international search fee
- ☐ does not accede to the request for the reasons given on the attached supplemental sheet
- ☐ copy of fee reduction request which shows the above decision has been sent to the EPO branch at The Hague

Authorised official:

Date:

**The European Patent Office acting as International Preliminary  
Examining Authority**

- ☐ accedes to the request for a reduction of the international preliminary examination fee
- ☐ does not accede to the request for the reasons given on the attached supplemental sheet

Authorised official:

Date: